

Employer's ID Number

30-0312489

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code

3744

3744

Fidelis SecureCare of Michigan Inc. NAIC Company Code

10769

(Curre	ent Period) (Pri	or Period)			<u>.</u>		_
Organized under the Laws of	F	Michigan		, State of Do	micile or Port o	f Entry	Michigan
Country of Domicile				United State	es		
Licensed as business type:	Life, Accident & He	ealth []	Property/Ca	asualty[]	Dental Servi	ce Corporation []	
	Vision Service Cor	poration []	Other []		Health Main	tenance Organization	[X]
	Hospital, Medical &	& Dental Service	or Indemnity]	Is HMO, Fed	derally Qualified? Yes	[X] No[]
Incorporated/Organized	12/09	9/2004	Coi	nmenced Bu	siness	07/15/20	05
Statutory Home Office	38777 We	est Six Mile Road	L Suite 207	,		Livonia, MI 4815	2
olululoi y i ioiiio oliioo		(Street and Number)		, _		(City or Town, State and Zip	
Main Administrative Office			17	00 East Golf	Road, Suite 11	15	
Sch	aumburg, IL 60173			(Street a	ind Number)	47-605-0501	
	Town, State and Zip Code)					e) (Telephone Number)	
Mail Address	1700 East Golf Ro			·		chaumburg, IL 60173	
Delegand and the of Deales	(Street and Numb	er or P.O. Box)		4700	` `	or Town, State and Zip Code	•)
Primary Location of Books a	na Recoras			1700	East Golf Road (Street and Num		
	aumburg, IL 60173 Town, State and Zip Code)				8	47-592-9480	
•	Town, State and Zip Code)			vanu fidalia	·	e) (Telephone Number)	
Internet Website Address	D	Mania Oilleant	N.4-	www.fidelis	580.00111	0.47 500 0.400	
Statutory Statement Contact	Dav	wn Marie Gilbert (Name)	IVIS		(Area	847-592-9480 Code) (Telephone Number) (E	Extension)
dawn.ç	gilbert@fidelissc.com (E-mail Address)	1				47-517-1085 (FAX Number)	·
Catherine Joan Kiley M David William Goltz M Samuel Randolph Willcoxo	r. , <u> </u>	_	THER OF	FICERS		n Mr	Secretary
State of		SS					
The officers of this reporting en above, all of the herein describe this statement, together with rela of the condition and affairs of the completed in accordance with that state rules or regulations rerespectively. Furthermore, the sexact copy (except for formatting to the enclosed statement.	ed assets were the abso- ated exhibits, schedules the said reporting entity a te NAIC Annual Statema quire differences in repo- cope of this attestation	lute property of the and explanations to as of the reporting pent Instructions and orting not related to by the described of	said reporting e herein containe period stated ab Accounting Pra accounting pra- ficers also inclu	entity, free and of d, annexed or rove, and of its octices and Proceedings and procedus the related	clear from any lier referred to is a full income and dedu- cedures manual edures, according corresponding ele	is or claims thereon, exce and true statement of all it citions therefrom for the po- xcept to the extent that: (1 to the best of their inform ectronic filing with the NAI	pt as herein stated, and that the assets and liabilities and eriod ended, and have been) state law may differ; or, (2) ation, knowledge and belief, C, when required, that is an
Catherine Joan Preside		Sam	uel Randolph Secret		r.	David Williar Treas	
Subscribed and sworn to beday of	efore me this				b. If no,	original filing? e amendment number ed	Yes [] No []
					3. Number	of pages attached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	Nonadmilled	Admitted
Group subscribers:						
	NON					
						
			1			
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	 0	0	J0	0
0399999 Premiums due and unpaid from Medicare entities		ļ	-			
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT 5 - HEALTH CARE RECEIVABLES												
1	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted						
Individually Listed Receivables: Boulevard Hills Nursing Facility. Chelsea Community Hospital. Heritage Hospital St. John Macomb Oakland Hospital.												
Boulevard Hills Nursing Facility				18,028 7,201	18,028							
Chelsea Community Hospital		2,845			7,201	2,845						
Heritage Hospital		10,380			0	10,380						
St. John Macomb Oakland Hospital		14,196			0	14 , 196						
U199998 - Aggregate of amounts not individually listed above.	5,203	27 ,251	3,896	15 , 156	15 , 156	36,350						
0199999 - Totals - Pharmaceutical rebate receivables	5,203	54,672			40,385	63,771						
0299998 - Aggregate of amounts not individually listed above.				104,157	104,157							
0299999 - Totals - Claim Overpayment Receivables				104 , 157	104 , 157							
					•							
					•							
		 				.						
0799999 Gross health care receivables	5,203	54,672	3,896	144,542	144,542	63,771						

N

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Fidelis SecureCare of Michigan Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims	•	•	-	•
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						-
						•
						-
						-
						1
						T
						-
0100000 Individually listed claims uppoid	0			Λ	1	
0199999 Individually listed claims unpaid			 0			
0299999 Aggregate accounts not individually listed-uncovered	280,135	500	0	 0	0	280, 639
0499999 Subtotals	280,135	500	0	0	0	280,635 280,635
0599999 Unreported claims and other claim reserves	200,100	000	0	0		2,056,245
0699999 Total amounts withheld						2,000,210
0799999 Total claims unpaid						2,336,880
0899999 Accrued medical incentive pool and bonus amounts						172.700

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted	
						7	8	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
ndividually Listed Receivables:								
Individually Listed Receivables: Fidelis SeniorCare, Inc		19				49		
					<u> </u>			
					<u> </u>			
				•				
				-				
				-				
				<u> </u>	· 			
0100000 Individually listed receivables		10	n	1	1	ΔΛ		
0199999 Individually listed receivables 0299999 Receivables not individually listed		+3	ļ	ļ	 ⁰	49		
0299999 Receivables not individually listed			+	 	1			
0399999 Total gross amounts receivable		19 0	1 0	0	1 0	49		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

		_		
1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Fidelis SeniorCare, IncFidelis HealthCare Services, Inc	ASA Fee, Tax Provision, Lockbox Deposit	190,702	190,702	
Fidelis HealthCare Services Inc	Medical Personnel Pavroll Allocation	39,948	39,948	
		, , , , , , , , , , , , , , , , , , , ,	, , , , ,	
0199999 Individually listed payables		230,650	230,650	0
0299999 Payables not individually listed				
0399999 Total gross payables		230,650	230,650	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	277,814	1./	81	12.5	0	277,814
Intermediaries		0.0		0.0		
All other providers	573,148	3.6	569	87.5	0	573,148
Total capitation payments	850,962	5.3	650	100.0	0	850,962
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		0
6. Contractual fee payments	14,303,232	89.2	XXX	XXX		14,303,232
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	873,142	5.4	XXX	XXX		873,142
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	xxx	XXX		
12. Total other payments	15,176,374	94.7	XXX	XXX	0	15,176,374
13. Total (Line 4 plus Line 12)	16,027,336	100 %	XXX	XXX	0	16,027,336

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

4		2	4	F	
'	2	3	4	5	0
			Average		Intermediary's
			Average Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
147110 0000	Name of intermediary	Capitation raid	Capitation	Total / tajustea Gapital	CONTROL ECVENTED
					†
					4
					1
	NONE				1
			•		†
					
					1
					1
					†
					4
					1
					1
					t
					
					1
0000000 Tatala			VVV	VVV	VVV
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	•	1	2	3	4	5	6
Description	NON	ost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	INOIN						
Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies		-					
Durable medical equipment							
5. Other property and equipment							
6. Total		0	0	0	0	0	(



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION (LOCATION) NAIC Group Code 3744 BUSINESS IN THE STATE OF Michigan **DURING THE YEAR 2009** NAIC Company Code 10769 Comprehensive (Hospital & Medical) 5 7 8 10 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: ..1,141 .1,141 1. Prior Year ..771 .771 2 First Quarter 3 Second Quarter 764 .764 ..676 .676 4. Third Quarter 650 650 Current Year 8.886 8.886 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician

8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,641							1,641		
11. Number of Inpatient Admissions	236							236		
12. Health Premiums Written (b)	20,897,546							20,897,546		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,897,546							20,897,546		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	16,027,336							16,027,336		
18. Amount Incurred for Provision of Health Care Services	13,536,138							13,536,138		

and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 20,897,546

(a) For health business: number of persons insured under PPO managed care products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 3744 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2009				IC Company Code	10769
	1	Comprel (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1 , 141	0	0	0	0	0	0	1 , 141	0	
2 First Quarter	771	0	0	0	0	0	0	771	0	
3 Second Quarter	764	0	0	0	0	0	0	764	0	
4. Third Quarter	676	0	0	0	0	0	0	676	0	
5. Current Year	650	0	0	0	0	0	0	650	0	
6 Current Year Member Months	8,886	0	0	0	0	0	0	8,886	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,641	0	0	0	0	0	0	1,641	0	
11. Number of Inpatient Admissions	236	0	0	0	0	0	0	236	0	
12. Health Premiums Written (b)	20,897,546	0	0	0	0	0	0	20 ,897 ,546	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	20 , 897 , 546	0	0	0	0	0	0	20 ,897 ,546	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	16,027,336	0	0	0	0	0	0	16,027,336	0	
18. Amount Incurred for Provision of Health Care Services	13,536,138	0	0	0	0	0	0	13,536,138	0	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 20,897,546

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

SCHEDULE S - PART 3 - SECTION 2

			Re	insurance Ceded Accident and Health Insur	ance Liste	d by Reinsuring Con	ipany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding 9	Surplus Relief	12	13
NAIC	_	-	·	-			•	Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums		• •		Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year		Under Coinsurance
21970	23 - 1502700	01/01/2009	One Beacon	Pennsy I van i a.	SSL/1/A	131,616		0	0	0	0	0
		d General Account	- Affiliates			131,616		-				
		d General Account				131,616						
			ed General Account			131,616						
						<u> </u>						
		• • • • • • • • • • • • • • • • • • • •				•						
		•										
	·····	•			· · · · · · · · · · · · · · · · · · ·							
	·····	• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	•						
	· · · · · · · · · · · · · · · · · · ·	•		•••••	· · · · · · · · · · · · · · · · · · ·							
		•			• • • • • • • • • • • • • • • • • • • •							
		• • • • • • • • • • • • • • • • • • • •				•						
	· · · · · · · · · · · · · · · · · · ·	•			· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·	•			· · · · · · · · · · · · · · · · · · ·							
		•										
[
		•		•								
	· · · · · · · · · · · · · · · · · · ·	•									• • • • • • • • • • • • • • • • • • • •	
		•										
		• • • • • • • • • • • • • • • • • • • •										
1599999	Totals					131,616						

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
•	_	Ů	·	ŭ	ľ	•	· ·	· ·					Sum of Cols
NAIG					B. 24 411 24					F . 4. B			
NAIC					Paid and Unpaid					Funds Deposited by and Withheld from			9+10+11+12+13
Company	Federal ID	Effective		Reserve Credit	Losses Recoverable		Total			and Withheld from		Miscellaneous	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
Oouc	Number	Date	Name of Remodre	Taken	(BCBIt)	Other Debits	(0013. 0 : 0 : 1)	Ections of Orealt	Trast rigicements	remodicis	Other	Balarices (Orealt)	EXCESS OF COL. C
			• • • • • • • • • • • • • • • • • • • •										
	• • • • • • • • • • • • • • • • • • • •												
	····								·				
						VO							
					L								
			• • • • • • • • • • • • • • • • • • • •										
	 	 							·				
.		<u> </u>]		L				1	<u> </u>			
1	1	1			1	l			1	1			
	Ī	Ī]		T				T	T			
													
	.												
		<u> </u>											
1199999	Total	***************************************											• • • • • • • • • • • • • • • • • • • •
1199999	ıotai				1	I			I	ĺ			

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		U U U U U	millea)			
		1 2009	2 2008	3 2007	4 2006	5 2005
Δ	OPERATIONS ITEMS					
7.	SI EKATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	132	309	299	139	14
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	(104)	150
R	BALANCE SHEET ITEMS					
Б.	SALANCE SHEET HEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	150
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances					
	unpaid			0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	FONDS WITHHELD FROM)					
	Funds deposited by and withheld from (F)		0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sneet to Identify Net Cr	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	9 , 693 , 133		9,693,133
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	0	0
5.	All other admitted assets (Balance)	103,293		103,293
6.	Total assets (Line 26)	9,796,426	0	9,796,426
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,336,880	0	2,336,880
8.	Accrued medical incentive pool and bonus payments (Line 2)	172,700		172,700
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	1,098,358		1,098,358
13.	Total liabilities (Line 22)	3,607,938	0	3,607,938
14.	Total capital and surplus (Line 31)	6,188,488	XXX	6,188,488
15.	Total liabilities, capital and surplus (Line 32)	9,796,426	0	9,796,426
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

Allocated by States and Territories Direct Business Only							
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona							
	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia							
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	N						[
16. lowa	IA						
17. Kansas							
18. Kentucky							<u> </u>
19. Louisiana							
20. Maine							
21. Maryland			_				
22 Magazahusatta	IVID						
22. Massachusetts 23. Michigan 24. Minnesota	JVIA						
23. Michigan	IVII	······					
				···			
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN	•		• • • • • • • • • • • • • • • • • • • •			
44. Texas	TX			• • • • • • • • • • • • • • • • • • • •			
45. Utah			***************************************				
46. Vermont	VT						
47. Virginia							
· ·							
48. Washington					}	l	}
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico						ļ	
55. U.S. Virgin Islands							
56. Northern Mariana Islands						ļ	
57. Canada						ļ	
58. Aggregate Other Alien	TO						
59. Totals		0	0	0	0	0	I

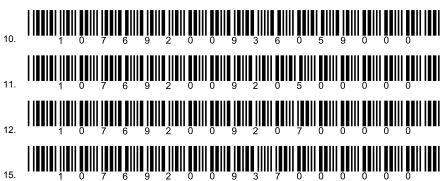
SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PART Z - SUMMAR	. O. 1140	OILLI 5	11771107	0110145			<u> </u>	LO		
NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losse and/or Reserve Credit Taken/(Liability)
12288	. 20-2214150	Fidelis SecureCare of North Carolina Inc					209,210				209,210	
12597 10769	84 - 1704073 30 - 0312489 16 - 1719046	Fidelis SecureCare of Texas, Inc					1,044,977				1,044,977	
10769	. 30-0312489	Fidelis SecureCare of Michigan Inc					2,944,083			• • • • • • • • • • • • • • • • • • • •	2,944,083	
3744	. 16-1719046	Fidelis SeniorCare Inc					(4, 198, 270)				(4, 198, 270)	
						ļ			ļ			
					.	ļ			ļ			
	-											
	-								· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
	-								· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
									· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
									· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
									· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
			•							• • • • • • • • • • • • • • • • • • • •		
	-											
					+	†						
										•		
					•					• • • • • • • • • • • • • • • • • • • •		
					•					• • • • • • • • • • • • • • • • • • • •		
					•	†				• • • • • • • • • • • • • • • • • • • •		
	1					†						
	1				.	.						
·	1				†	†						
	1				†	†						
	1				1	†			·			
					1							
					†							
9999999	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0
-000000			0		V	v			,,,,,,	V	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.		YES
7.		YES
	JUNE FILING	VE0
8.		YES.
9.	•	YES
vhich t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	will be printed below. If the
	MARCH FILING	
10.		NO
11.	••	NO
12.		NO
13.	` ,	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
15.		NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
17.		SEE EXPLANATION
18.	·	NO
19. 		NO
EXPLA	NATION:	
0.		
1.		
2.		
3. Le	ss than 100 shareholders	
4.		
5.		
6. Me	dicare Advantage Plans are not required to file	
7. Me	dicare Advantage Plans are not required to file	
8.		
9.		
BAR C	ODE:	
10.		



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05

ALPHABETICAL INDEX

ANNUAL	<u>. STATEM</u>	ENT BLA	NK (Con	tinued)

Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Part 2 – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T Part 2 Interstate Compact	37

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14